

State of Michigan  
Department of Civil Service  
BUREAU OF HUMAN RESOURCE SERVICES  
400 South Pine Street, PO Box 30002  
Lansing, Michigan 48909

## GROUP TWO PROFESSIONAL SPECIALIST POSITION EVALUATION WORKSHEET

### I N S T R U C T I O N S

When submitting a specialist position action request to Civil Service, the Departmental Program/Staff Specialist Committee must complete this worksheet and have it certified by the appointing authority. Attach the certified Worksheet to the Position Action Request and the Position Description for the position being evaluated. Civil Service will review the position evaluation recommendation and document its decision on the Position Action Request.

<b>DEPARTMENT (Process Level)</b>	<b>POSITION CODE</b>
<b>BUREAU/DIVISION</b>	<b>EMPLOYEE'S NAME</b>
<b>EMPLOYEE'S CURRENT CLASSIFICATION (Core Position Title)</b>	<b>RECOMMENDED CLASSIFICATION (Core Position Title)</b>
<b>IMMEDIATE SUPERVISOR'S NAME</b>	<b>IMMEDIATE SUPERVISOR'S CLASS &amp; LEVEL (Core Position Title)</b>
<b>SECOND LINE SUPERVISOR'S NAME</b>	<b>SECOND LINE SUPERVISOR'S CLASS &amp; LEVEL (Core Position Title)</b>

### PROGRAM/STAFF SPECIALIST COMMITTEE RECOMMENDATION

Position Evaluation Recommendation			Point Scale	
Factor	Factor Elements	Points	Total Points	Level
I. Job Complexity			0-119	12
II. Program or Specialty Scope			120-194	13
III. Impact			195-269	14
	<b>Total Points</b>		270-30	15

### SIGNATURES OF DEPARTMENT'S PROGRAM/STAFF SPECIALIST COMMITTEE

<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <span>Committee Member's Signature</span> <span>Date</span> </div>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <span>Committee Member's Signature</span> <span>Date</span> </div>
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**APPOINTING AUTHORITY'S IDENTIFICATION, DESIGNATION, AND CERTIFICATION** (Identify the program or specialty area for which this position is responsible and provide a brief explanation that depicts how the position meets the definition.)

**Program or Specialty Area**

**Appointing Authority Comments**

**Agency Designation of Program or Specialty Area**

I certify that the program or specialty area identified above meets the Specialist System definition for program or specialty area, as may be substantiated by official documentation.

\_\_\_\_\_  
Signature of Appointing Authority

\_\_\_\_\_  
Date

**FOR DEPARTMENT OF CIVIL SERVICE USE ONLY**

Initials of Analyst \_\_\_\_\_

☐ Original Submission

Initials of Manager \_\_\_\_\_

☐ Modification

Approved Factoring \_\_\_\_\_